UNITED STATES PATENT AND TRADEMARK OFFICE

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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1) ☒ Responsive to communication(s) filed on *2/24/10*.

2a) ☒ This action is **FINAL**.   2b) ☐ This action is non-final.

3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4) ☒ Claim(s) *1,3-5, 7,9-12 ,14-15,17-19, 21, 23-26,28-29,31-33,35,37-40, and 42-48*   is/are pending in the application.

  4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5) ☐ Claim(s) _____ is/are allowed.

6) ☒ Claim(s) *1,3-5, 7,9-12 ,14-15,17-19, 21, 23-26,28-29,31-33,35,37-40, and 42-48*   is/are rejected.

7) ☐ Claim(s) _____ is/are objected to.

8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9) ☐ The specification is objected to by the Examiner.

10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.

  Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

  Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

  a) ☐ All b) ☐ Some * c) ☐ None of:

   1. ☐ Certified copies of the priority documents have been received.

   2. ☐ Certified copies of the priority documents have been received in Application No. _____.

   3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

  * See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☒ Information Disclosure Statement(s) (PTO/SB/08)
    Paper No(s)/Mail Date _____.

4) ☐ Interview Summary (PTO-413)
    Paper No(s)/Mail Date. _____ .
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1.   This communication is in response to the amendment filed 2/24/10. Claims 1,3-

5, 7,9-12 ,14-15,17-19, 21, 23-26,28-29,31-33,35,37-40, and 42-48   are pending.

Priority

2.   It is noted that this application appears to claim subject matter disclosed in prior

Application No. 09/394,341, filed 9/13/99. A reference to the prior application must be

inserted as the first sentence(s) of the specification of this application or in an

application data sheet (37 CFR 1.76), if applicant intends to rely on the filing date of the

prior application under 35 U.S.C. 119(e), 120, 121, or 365(c). See 37 CFR 1.78(a). For

benefit claims under 35 U.S.C. 120, 121, or 365(c), the reference must include the

relationship (i.e., continuation, divisional, or continuation-in-part) of all nonprovisional

applications. If the application is a utility or plant application filed under 35 U.S.C.

111(a) on or after November 29, 2000, the specific reference to the prior application

must be submitted during the pendency of the application and within the later of four

months from the actual filing date of the application or sixteen months from the filing

date of the prior application. If the application is a utility or plant application which

entered the national stage from an international application filed on or after November

29, 2000, after compliance with 35 U.S.C. 371, the specific reference must be submitted

during the pendency of the application and within the later of four months from the date

on which the national stage commenced under 35 U.S.C. 371(b) or (f) or sixteen

months from the filing date of the prior application. See 37 CFR 1.78(a)(2)(ii) and

(a)(5)(ii). This time period is not extendable and a failure to submit the reference

required by 35 U.S.C. 119(e) and/or 120, where applicable, within this time period is

considered a waiver of any benefit of such prior application(s) under 35 U.S.C. 119(e),

120, 121 and 365(c). A benefit claim filed after the required time period may be

accepted if it is accompanied by a grantable petition to accept an unintentionally

delayed benefit claim under 35 U.S.C. 119(e), 120, 121 and 365(c). The petition must

be accompanied by (1) the reference required by 35 U.S.C. 120 or 119(e) and 37 CFR

1.78(a)(2) or (a)(5) to the prior application (unless previously submitted), (2) a surcharge

under 37 CFR 1.17(t), and (3) a statement that the entire delay between the date the

claim was due under 37 CFR 1.78(a)(2) or (a)(5) and the date the claim was filed was

unintentional. The Director may require additional information where there is a question

whether the delay was unintentional. The petition should be addressed to: Mail Stop

Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

If the reference to the prior application was previously submitted within the time

period set forth in 37 CFR 1.78(a), but not in the first sentence(s) of the specification or

an application data sheet (ADS) as required by 37 CFR 1.78(a) (e.g., if the reference

was submitted in an oath or declaration or the application transmittal letter), and the

information concerning the benefit claim was recognized by the Office as shown by its

inclusion on the first filing receipt, the petition under 37 CFR 1.78(a) and the surcharge

under 37 CFR 1.17(t) are not required. <u>Applicant is still required to submit the reference</u>

in compliance with 37 CFR 1.78(a) by filing an amendment to the first sentence(s) of the

specification or an ADS. See MPEP § 201.11.

Information Disclosure Statement

3.   The IDS filed 3/9/10 has been considered by the Examiner. It is noted applicant

has listed Office Actions from applications related to the instant application on the 1449.

While the Office Actions have been considered, the references cited in the Office

Actions have not been considered.

These references must be submitted in a separate IDS if applicant wishes to

have them considered independently.

Claim Rejections - 35 USC § 101

4.   The rejection of Claims 29-33, and 35-40 and 42, under 35 U.S.C. 101, are

hereby withdrawn due to the amendment filed 2/24/10. The Examiner understands the

recitation of "the computer program product comprising a tangible computer usable

storage medium having computer readable program code embodied in the medium…"

to not include transitory propagating signals (e.g. carrier waves).

Claim Rejections - 35 USC § 103

5.   The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all

obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

6.   Claims 1,3-5, 7,9-12 ,14-15,17-19, 21, 23-26,28-29,31-33,35,37-40, and 42

rejected under 35 U.S.C. 103(a) as being unpatentable over Teagarden et al (US

6014631A) and Walker et al (US 6,302,844), and in further view of Papageorge (US

6,584,445)

[claim 1] Teagarden discloses a method of providing professional services, the method

comprising the following performed by a data processing system:

- accepting entry of information associated with a medical matter of a person, wherein the information is entered via a client device in communication with the data processing system; (Figure 9; col. 13, lines 4-18-- capturing patient healthcare and demographic information via a client device, including telephone, PC)

- assigning the person to one of a plurality of pools of people based on the entered information; (col. 15, lines 38 –col.16, line 7)

- allowing the professional services provider qualified to advise people in the assigned pool to view the entered information; and (col. 14; lines 50-col. 15, line 10; col. 16, lines 1-25)

Claim 1 recites that the data is entered by the person (e.g. patient) via the client

device. Claim 1 further recites assigning the person (e.g. patient) to one of a plurality of

pools based upon "one or more attributes of a professional services provider qualified to

advise people in respective pool."

Teagarden discloses entering a patient's (i.e. person's) healthcare and

demographic information via a client device (col. 10, lines 55-64; col.11, lines 12-30; col.

13, lines 4-18—capturing patient healthcare and demographic information via a client

device, including telephone, PC).

Teagarden further discloses a method wherein assigning the person/patient to a

pool is based upon one or more attributes of the person/patient. (see Abstract, col. 16,

lines 1-20), but does not expressly disclose assigning based upon one or more

attributes of a professional services provider qualified to advise people in respective

pool.

Walker discloses a method/system wherein assigning the person/patient to a

pool is based upon one or more attributes of a professional services provider qualified

to advise people in respective pool. (col. 13, line 48-col. 14, line 18). At the time of the

Applicant's invention, it would have been obvious to one of ordinary skill in the art to

modify the system/method of Teagarden with the teaching Walker, with the motivation

of facilitating the provision of an expert diagnosis opinion based upon gathered data.

(col. 1, lines 5-9)

Claim 1 further recites: providing a secure area within which the professional

services provider provides information advising the person about the medical matter in

response to receipt of the entered information, wherein the secure area is accessible by the person via the client device; and allowing the person to access the secure area and view the information provided by the professional services provider

Teagarden discloses a system in which the professional services providers and client devices have a security layer to prevent unauthorized access to other workstations and to prevent unauthorized access into their workstations (col. 14, lines 37-48—e.g. providing a secure area). However, Teagarden does not expressly disclose:

- providing a secure area within which the professional services provider provides information advising the person about the medical matter in response to receipt of the entered information, wherein the secure area is accessible by the person via the client device; and allowing the person to access the secure area and view the information provided by the professional services provider

Papageorge discloses a medical consultation method comprising: providing a secure area within which the professional services provider provides information advising the person about the medical matter in response to receipt of the entered information; (col. 7, lines 8-18—physician uses a code to access entered patient information and question), wherein the secure area is accessible by the person via the client device; and allowing the person to access the secure area and view the information provided by the professional services provider (col. 6, lines 55-col. 7, line 8,

lines 33-40 data is accessible by patients code and allows doctor and patient to consult

and retrieve suggestions via computer.) At the time of the Applicant's invention, it would

have been obvious to one of ordinary skill in the art to further modify the method of

Teagarden and Walker in combination with the teaching of Papageorge to provide a

secure area for provider-patient consultation and allowing the person to access the

secure area and view the information provided by the professional services provider

One would have been motivated to include this feature to allow complex medical

decisions to be made more effectively and with more confidence by providing a method

and system which includes i) a large patient role in treatment choice based upon the

patient's lifestyle and other choices, and ii) patient/physician shared decision making.

(col. 4, lines 25-34)

[claim 3]   Teagarden discloses the method according to claim 1, further comprising

notifying the person that the professional services provider has provided information

about the matter within the secure area. (col.15, lines 46-65; col. 16, lines 8-20, 26-35—

patients notified of selection for particular treatment; enrollment may occur via phone or

online; col.16, lines 26-35; 49-60—clinician calls patient)

[claim 4]   Teagarden discloses a method according to claim 1, wherein the information

is entered by the person in a predetermined, structured format. (col. 13, lines 4-18)

[claim 5] Teagarden discloses a method according to claim 1, further comprising the

following performed prior to accepting entry of information associated with a matter of a

person: identifying the person; and verifying that the person is eligible to

receive professional services. (Figure 13; col. 16, lines 8-10)

[claim 7] Teagarden discloses a method of providing healthcare services to patients,

the method comprising the following performed by a data processing system:

- accepting entry of information about a medical condition of a patient, wherein the

  information is entered via a client device in communication with the data

  processing system;(Figures 9, 12; col. 13, lines 4-18; col. 14, lines 49-65--

  capturing patient healthcare and demographic information via a client device,

  including telephone, PC)

- assigning the patient to one of a plurality of pools of patients based on the

  entered patient information; (col. 15, line 38 –col.16, line 7)

- allowing the healthcare provider qualified to treat patients in the assigned pool to

  view the patient information; (col. 14; lines 50-65; col. 16, lines 8-25)

Claim 7 recites that the data is entered by the person (e.g. patient) via the client

device. Claim 7 further recites assigning the person (e.g. patient) to one of a plurality of

pools based upon "one or more attributes of a healthcare provider qualified to treat

patients in respective pools."

Teagarden discloses entering a patient's (i.e. person's) healthcare and

demographic information via a client device (col. 10, lines 55-64; col.11, lines 12-30; col.

13, lines 4-18—capturing patient healthcare and demographic information via a client

device, including telephone, PC).

Teagarden further discloses a method wherein assigning the person/patient to a

pool is based upon one or more attributes of the person/patient. (see Abstract, col. 16,

lines 1-20), but does not expressly disclose assigning based upon one or more

attributes of a healthcare provider qualified to treat patients in respective pools.

Walker discloses a method/system one or more attributes of a healthcare

provider qualified to treat patients in respective pools. (col. 13, line 48-col. 14, line 18).

At the time of the Applicant's invention, it would have been obvious to one of ordinary

skill in the art to modify the system/method of Teagarden with the teaching Walker, with

the motivation of facilitating the provision of an expert diagnosis opinion based upon

gathered data. (col. 1, lines 5-9)

Claim 7 further recites: providing a secure area within which the healthcare

provider provides a diagnosis, a treatment recommendation, or a combination thereof,

for the medical condition of the patient in response to receipt of the entered information,

wherein the secure area is accessible by the patient via the client device; and allowing

the patient to access the secure area and view the diagnosis or treatment

recommendation, or the combination thereof, provided by the healthcare provider.

Teagarden discloses a system in which the professional services providers and

client devices have a security layer to prevent unauthorized access to other

workstations and to prevent unauthorized access into their workstations (col. 14, lines

37-48—e.g. providing a secure area). However, Teagarden does not expressly

disclose:

providing a secure area within which the professional services provider provides

information advising the person about the medical matter in response to receipt of the

entered information, wherein the secure area is accessible by the person via the client

device; and allowing the patient to access the secure area and view the diagnosis,

treatment recommendation, or the combination thereof, provided by the healthcare

provider.

Papageorge discloses a medical consultation method comprising: providing a

secure area within which the healthcare provider provides a diagnosis, a treatment

recommendation, or a combination thereof, for the medical condition of the patient in

response to receipt of the entered information, (col. 7, lines 8-18—physician uses a

code to access entered patient information and question), wherein the secure area is

accessible by the person via the client device; and allowing the patient to access the

secure area and view the diagnosis, treatment recommendation, or the combination

thereof, provided by the healthcare provider. (col. 6, lines 55-col. 7, line 8, lines 33-40

data is accessible by patients code and allows doctor and patient to consult and retrieve

suggestions via computer.) At the time of the Applicant's invention, it would have been

obvious to one of ordinary skill in the art to further modify the method of Teagarden and

Walker in combination with the teaching of Papageorge to provide a secure area for

provider-patient consultation. One would have been motivated to include this feature to

allow complex medical decisions to be made more effectively and with more confidence

by providing a method and system which includes i) a large patient role in treatment

choice based upon the patient's lifestyle and other choices, and ii) patient/physician

shared decision making. (col. 4, lines 25-34)

[claim 9]   Teagarden discloses the method according to claim 7, further comprising

notifying the patient that the healthcare provider has provided the diagnosis or treatment

recommendation for the medical condition of the patient within the secure area. (col.15,

lines 46-65; col. 16, lines 8-20, 26-35—patients notified of selection for particular

treatment; enrollment may occur via phone or online; col. 16, lines 26-35; 49-60—

clinician calls patient)

[claim 10] Teagarden discloses the method according to claim 7, wherein the

information is entered by the patient in a predetermined, structured format. (col. 13,

lines 4-18)

[claim 11] Teagarden discloses the method according to claim 7, wherein a treatment

recommendation provided by the healthcare provider includes a medication

prescription, and further comprising communicating the medication prescription to a

pharmacy for fulfillment. (col. 17, lines 64-col. 18, line 7)

[claim 12]   Teagarden discloses the method according to claim 7, further comprising

the following performed prior to accepting entry of information about a medical condition

of a patient: identifying the patient; and verifying that the patient is eligible to

receive healthcare services. (Figure 13; col. 16, lines 8-10)

[claim14] Teagarden teaches the method according to claim 7, wherein allowing the

patient to access the secure area and view the diagnosis or treatment recommendation

provided by the healthcare provider comprises allowing the patient to select a specific

medication prescription for treating the patient. (col. 16, lines 26-35; col. 17, lines 46-col.

18, line 7)

[claims 15,17-19]

System claims 15,17-19 repeat the subject matter of claims 1,3-5 as a set of

computer elements configured to perform particular series steps rather than a series of

steps. As the underlying process has been shown to be fully disclosed and computer

implemented by the teachings of Teagarden, Walker and Papageorge in the above

rejection of claims 1,3-5, it is readily apparent that the Teagarden, Walker and

Papageorge references include a computer system to perform the recited functions. As

such, these limitations are rejected for the same reasons provided in the rejection of

claims 1,3-5, and incorporated herein.

[claims 21, 23-26, and 28]

System claims 21, 23-26, and 28 repeat the subject matter of claims 7, 9-12, and

14 as a set of "means-plus-function" elements rather than a series of steps. As the

underlying process has been shown to be fully disclosed by the teachings of

Teagarden, Walker and Papageorge in the above rejection of claims 7, 9-12 and 14, it is

readily apparent that the Teagarden, Walker and Papageorge references include a

system to perform the recited functions. As such, these limitations are rejected for the

same reasons provided in the rejection of claims 7,9-12, and 14, and incorporated

herein.

[claim 29] Teagarden teaches a computer program product that facilitates the provision

of professional services, the computer program product comprising a tangible computer

usable storage medium having computer readable program code embodied in the

medium, the computer readable program code comprising:

- computer readable program code that accepts entry of information associated

   with a medical matter of a person, wherein the information is entered via a client

   device in communication with the data processing system; (Figure 9; col. 13,

   lines 4-18- capturing patient healthcare and demographic information via a client

   device, including telephone, PC)

- computer readable program code that assigns the person to one of a plurality of

   pools of people based on the entered information; (col. 15, line 38 –col.16, line 7)

- computer readable program code that allows the professional services provider

   qualified to advise people in the assigned pool to view the entered information;

   and (col. 14; lines 50-65; col. 16, lines 8-25)

Claim 29 recites that the data is entered by the person (e.g. patient) via the client

device. Claim 29 further recites assigning the person (e.g. patient) to one of a plurality

of pools based upon "one or more attributes of a professional services provider qualified

to advise people in respective pool."

Teagarden discloses entering a patient's (i.e. person's) healthcare and

demographic information via a client device (col. 10, lines 55-64; col.11, lines 12-30; col.

13, lines 4-18—capturing patient healthcare and demographic information via a client

device, including telephone, PC).

Teagarden further discloses a method wherein assigning the person/patient to a

pool is based upon one or more attributes of the person/patient. (see Abstract, col. 16,

lines 1-20), but does not expressly disclose assigning based upon one or more

attributes of a professional services provider qualified to advise people in respective

pool.

Walker discloses a method/system wherein assigning the person/patient to a

pool is based upon one or more attributes of a professional services provider qualified

to advise people in respective pool. (col. 13, line 48-col. 14, line 18). At the time of the

Applicant's invention, it would have been obvious to one of ordinary skill in the art to

modify the system/method of Teagarden with the teaching Walker, with the motivation

of facilitating the provision of an expert diagnosis opinion based upon gathered data.

(col. 1, lines 5-9)

Claim 29 further recites: computer readable program that provides a secure area

within which the professional services provider provides information advising the person

about the medical matter in response to receipt of the entered information, wherein the

secure area is accessible by the person via the client device; and computer readable

program code that allows the person to access the secure area and view the information provided by the professional services provider.

Teagarden discloses a system in which the professional services providers and client devices have a security layer to prevent unauthorized access to other workstations and to prevent unauthorized access into their workstations (col. 14, lines 37-48—e.g. providing a secure area). However, Teagarden does not expressly disclose:

computer readable program code that provides a secure area within which the professional services provider provides information advising the person about the medical matter in response to receipt of the entered information, wherein the secure area is accessible by the person via the client device; and computer readable program code that allows the person to access the secure area and view the information provided by the professional services provider.

Papageorge discloses a computer-based medical consultation system wherein a computer provides a secure area within which the professional services provider provides information advising the person about the medical matter in response to receipt of the entered information (col. 7, lines 8-18—physician uses a code to access entered patient information and question), wherein the secure area is accessible by the person via the client device; and computer readable program code that allows the person to access the secure area and view the information provided by the professional services provider. (col. 6, lines 55-col. 7, line 8, lines 33-40 data is accessible by patients code and allows doctor and patient to consult and retrieve suggestions via

computer.) At the time of the Applicant's invention, it would have been obvious to one

of ordinary skill in the art to further modify the method of Teagarden and Walker in

combination with the teaching of Papageorge to provide a secure area for provider-

patient consultation. One would have been motivated to include this feature to allow

complex medical decisions to be made more effectively and with more confidence by

providing a method and system which includes i) a large patient role in treatment choice

based upon the patient's lifestyle and other choices, and ii) patient/physician shared

decision making. (col. 4, lines 25-34)

[claim 31] Teagarden discloses a computer program product according to claim 29,

further comprising computer readable program code that notifies the person that the

professional services provider has provided information about the matter within the

secure area. (col.15, lines 46-65; col. 16, lines 8-20, 26-35—patients notified of

selection for particular treatment; enrollment may occur via phone or online; col. 16,

lines 26-35; 49-60—clinician calls patient)

[claim 32]   Teagarden discloses a computer program product according to claim 29,

wherein the information is entered by the person in a predetermined, structured format.

(col. 13, lines 4-18)

[claim 33] Teagarden discloses the computer program product according to claim 29,

further comprising: computer readable program code that identifies the person; and

computer readable program code that verifies that the person is eligible to receive

professional services. (Figure 13; col. 16, lines 8-10)

[claim 35] Teagarden discloses a computer program product that facilitates the

provision of healthcare services to patients, the computer program product comprising a

tangible computer usable storage medium having computer readable program code

embodied in the medium, the computer readable program code comprising:

- computer readable program code that accepts entry of information about a

  medical condition of a patient, wherein the information is entered via a client

  device in communication with the data processing system; (Figures 9, 12; col. 13,

  lines 4-18; col. 14, lines 49-65- capturing patient healthcare and demographic

  information via a client device, including telephone, PC)

- computer readable program code that assigns the patient to one of a plurality of

  pools of patients based on the entered patient information; (col. 15, lines –col.16,

  line 7)

- computer readable program code that allows a healthcare provider qualified to

  treat patients in the assigned pool to view the patient information; and (col. 14;

  lines 50-65; col. 16, lines 8-25)

  Claim 35 recites that the data is entered by the person (e.g. patient) via the client

device. Claim 35 further recites assigning the person (e.g. patient) to one of a plurality

of pools based upon "one or more attributes of a healthcare provider qualified to treat

patients in respective pools."

Teagarden discloses entering a patient's (i.e. person's) healthcare and demographic information via a client device (col. 10, lines 55-64; col.11, lines 12-30; col. 13, lines 4-18—capturing patient healthcare and demographic information via a client device, including telephone, PC).

Teagarden further discloses a method wherein assigning the person/patient to a pool is based upon one or more attributes of the person/patient. (see Abstract, col. 16, lines 1-20), but does not expressly disclose assigning based upon one or more attributes of a healthcare provider qualified to treat patients in respective pools. Walker discloses a method/system one or more attributes of a healthcare provider qualified to treat patients in respective pools. (col. 13, line 48-col. 14, line 18). At the time of the Applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system/method of Teagarden with the teaching Walker, with the motivation of facilitating the provision of an expert diagnosis opinion based upon gathered data. (col. 1, lines 5-9)

Claim 35 further recites: computer readable code that provides a secure area within which the professional services provider provides information advising the person about the medical matter in response to receipt of the entered information, wherein the secure area is accessible by the person via the client device; computer readable program code that allows the patient to access the secure area and view the diagnosis or treatment recommendation, or the combination thereof, provided by the healthcare provider.

Teagarden discloses a system in which the professional services providers and

client devices have a security layer to prevent unauthorized access to other

workstations and to prevent unauthorized access into their workstations (col. 14, lines

37-48—e.g. providing a secure area). However, Teagarden does not expressly

disclose:

computer readable program code that provides a secure area within which the

healthcare provider provides diagnosis, a treatment recommendation, or a combination

thereof, for the medical condition of the patient in response to receipt of the entered

information, wherein the secure area is accessible by the patient via the client device;

and computer readable program code that allows the patient to access the secure area

and view the diagnosis, treatment recommendation, or the combination thereof,

provided by the healthcare provider.

Papageorge discloses a computer-based medical consultation system wherein a

computer provides a secure area within which the professional services provider

provides diagnosis, a treatment recommendation, or a combination thereof, for the

medical condition of the patient in response to receipt of the entered information (col. 7,

lines 8-18—physician uses a code to access entered patient information and question),

wherein the secure area is accessible by the person via the client device; and computer

readable program code that allows the patient to access the secure area and view the

diagnosis or treatment recommendation, or the combination thereof provided by the

healthcare provider. (col. 6, lines 55-col. 7, line 8, lines 33-40 data is accessible by

patients code and allows doctor and patient to consult and retrieve suggestions via

computer.) At the time of the Applicant's invention, it would have been obvious to one

of ordinary skill in the art to further modify the system of Teagarden and Walker in

combination with the teaching of Papageorge to provide a secure area for provider-

patient consultation. One would have been motivated to include this feature to allow

complex medical decisions to be made more effectively and with more confidence by

providing a method and system which includes i) a large patient role in treatment choice

based upon the patient's lifestyle and other choices, and ii) patient/physician shared

decision making. (col. 4, lines 25-34)

[claim 37]   Teagarden discloses the computer program product according to claim

35, further comprising:

computer readable program code that notifies the patient that the healthcare provider

has provided the diagnosis or treatment recommendation for the medical condition of

the patient within the secure area. (col.15, lines 46-65; col. 16, lines 8-20—patients

notified of selection for particular treatment; enrollment may occur via phone or online;

col. 16, lines 26-35; 49-60—clinician calls patient)

[claim 38]   Teagarden discloses the computer program product according to claim 35,

wherein the information is entered by the patient in a predetermined, structured format.

(col. 13, lines 4-18)

[claim 39]   Teagarden discloses the computer program product according to claim 35,

wherein a treatment recommendation provided by the healthcare provider includes a

medication prescription, and further comprising computer readable program code that

communicates the medication prescription to a pharmacy for fulfillment. (col. 17, lines

64-col. 18, line 7)

[claim 40]   Teagarden discloses the computer program product according to claim

35, further comprising: computer readable program code that identifies the patient; and

computer readable program code that verifies that the patient is eligible to receive

healthcare services. (Figure 13; col. 16, lines 8-10)

 [claim 42]   Teagarden discloses the computer program product according to claim 35,

wherein the computer readable program code that allows the patient to access the

secure area and view the diagnosis and/or treatment recommendation provided by

the healthcare provider comprises computer readable program code that allows the

patient to select a specific medication prescription for treating the patient. (col. 16, lines

26-35; col. 17, lines 46-col. 18, line 7)

7.   Claims 43-48 are rejected under 35 U.S.C. 103(a) as being unpatentable over

Teagarden et al (US 6014631A), Walker et al (US 6,302,844), and, Papageorge (US

6,584,445) as applied to claims 1, 7, 15, 21, 29, and 35, and in further view of Sato et al

(US 5911687A).

[claims 43]   Teagarden, Walker and Papageorge disclose the method of claim 1, as

explained in the rejection of claim 1. Furthermore, Teagarden discloses that a clinical

pharmacist discussing costs with patients (col. 27, line 1-5), but does not expresly

disclose a method wherein billing information for an amount of money owed to the

professional services provider for providing the information advising the person about

the medical matter is entered into the system.

Sato discloses a method /system wherein the information comprises billing data

for an amount of money owed to the professional services provider for providing the

information advising the person about the medical matter. (col. 7, lines 5-15--treatment

files is used to calculate the amount owed/medical expenses for the medical treament

provided by the doctor). At the time of the Applicant's invention, it would have been

obvivous to one of ordinary skill in the to further modify the method/system of

Teagarden, Walker and Papageorge with the teaching of Sato to enter billing

information for an amount of money owed to the professional services provider for

providing the information advising the person about the medical matter into the system.

One would have been motivated to include this feature to ensure that the provider is

properly compensated and to reduce or eliminate waiting times ususallly associated

with providing medical care (Sato: col. 3, lines 27-30)

[claim 44]   Teagarden, Walker and Papageorge disclose the method of claim 7, as

explained in the rejection of claim 7.   Furthermore, Teagarden discloses a clinical

pharmacist discussing costs with patients (col. 27, line 1-5), but does not expressly

disclose a method further comprising: providing billing data, the billing data comprises

information for an amount of money owed to the healthcare provider for providing the

diagnosis, the treatment recommendation, or the combination thereof.

Sato discloses a method /system discloses a method further comprising:

providing billing data, the billing data comprises information for an amount of money

owed to the healthcare provider for providing the diagnosis, the treatment

recommendation, or the combination thereof.   (col. 7, lines 5-15--treatment files is used

to calculate the amount owed/medical expenses for the medical treament provided by

the doctor). At the time of the Applicant's invention, it would have been obvivous to one

of ordinary skill in the to further modify the method/system of Teagarden, Walker and

Papageorge with the teaching of Sato to providing billing information for an amount of

money owed to the healthcare provider for providing the diagnosis, the treatment

recommendation, or the combination thereof. One would have been motivated to

include this feature to ensure that the provider is properly compensated and to reduce

or eliminate waiting times ususallly associated with providing medical care (Sato: col. 3,

lines 27-30)

[claim 45] Teagarden, Walker and Papageorge disclose a data processing system

according to claim 15 as explained in the rejection of claim 15. Furthermore, Teagarden

discloses a clinical pharmacist discussing costs with patients (col. 27, line 1-5), but does

not expressly disclose a system wherein the information comprises billing data for an

amount of money owed to the professional services provider for providing the

information advising the person about the medical matter.

Sato discloses a method /system wherein the information comprises billing data

for an amount of money owed to the professional services provider for providing the

information advising the person about the medical matter. (col. 7, lines 5-15--treatment

files is used to calculate the amount owed/medical expenses for the medical treament

provided by the doctor). At the time of the Applicant's invention, it would have been

obvivous to one of ordinary skill in the to further modify the method/system of

Teagarden, Walker and Papageorge with the teaching of Sato to enter billing

information for an amount of money owed to the professional services provider for

providing the information advising the person about the medical matter into the system.

One would have been motivated to include this feature to ensure that the provider is

properly compensated and to reduce or eliminate waiting times ususallly associated

with providing medical care (Sato: col. 3, lines 27-30)

[claim 46] Teagarden, Walker and Papageorge disclose a data processing system

according to claim 21, as explained in the rejection of claim 21. Furthermore,

Teagarden discloses a clinical pharmacist discussing costs with patients (col. 27, line 1-

5), but does not expressly disclose a system further comprising means for providing

billing data (along with the diagnosis, the treatment recommendation, or the

combination thereof), the billing data comprises information for an amount of money

owed to the healthcare provider for providing the diagnosis, the treatment

recommendation, or the combination thereof.

Sato discloses a method /system further comprising: means for providing billing

data (along with the diagnosis, the treatment recommendation, or the combination

thereof), the billing data comprises information for an amount of money owed to the

healthcare provider for providing the diagnosis, the treatment recommendation, or the

combination thereof.   (col. 7, lines 5-15--treatment files is used to calculate the amount

owed/medical expenses for the medical treament provided by the doctor). At the time of

the Applicant's invention, it would have been obvivous to one of ordinary skill in the to

further modify the method/system of Teagarden, Walker and Papageorge with the

teaching of Sato to include means for providing billing information for an amount of

money owed to the healthcare provider for providing the diagnosis, the treatment

recommendation, or the combination thereof. One would have been motivated to

include this feature to ensure that the provider is properly compensated and to reduce

or eliminate waiting times ususallly associated with providing medical care (Sato: col. 3,

lines 27-30)

[claim 47]   Teagarden, Walker and Papageorge disclose a computer program product

according to claim 29, as explained in the rejection of claim 29.   Furthermore,

Teagarden discloses a clinical pharmacist discussing costs with patients (col. 27, line 1-

5), but does not expressly disclose that the information comprises billing data for an

amount of money owed to the professional services provider for providing the

information advising the person about the medical matter (i.e. wherein billing information

for an amount of money owed to the professional services provider for providing the

information advising the person about the medical matter is entered into the system.)

Sato discloses a method /system wherein the information comprises billing data

for an amount of money owed to the professional services provider for providing the

information advising the person about the medical matter. (col. 7, lines 5-15--treatment

files is used to calculate the amount owed/medical expenses for the medical treament

provided by the doctor). At the time of the Applicant's invention, it would have been

obvivous to one of ordinary skill in the to further modify the method/system of

Teagarden, Walker and Papageorge with the teaching of Sato to enter billing

information for an amount of money owed to the professional services provider for

providing the information advising the person about the medical matter into the system.

One would have been motivated to include this feature to ensure that the provider is

properly compensated and to reduce or eliminate waiting times ususallly associated

with providing medical care (Sato: col. 3, lines 27-30)

[claim 48]   Teagarden, Walker and Papageorge disclose a computer program

product according to claim 35, as explained in the rejection of claim 35. Furthermore,

Teagarden discloses a clinical pharmacist discussing costs with patients (col. 27, line 1-

5), but does not expressly disclose code further that provides billing data along with the

diagnosis, the treatment recommendation, or the combination thereof, the billing data

comprises information for an amount of money owed to the healthcare provider for

providing the diagnosis, the treatment recommendation, or the combination thereof.

Sato discloses code that provides billing data (along with the diagnosis, the

treatment recommendation, or the combination thereof), the billing data comprises

information for an amount of money owed to the healthcare provider for providing the

diagnosis, the treatment recommendation, or the combination thereof.   (col. 7, lines 5-

15--treatment files is used to calculate the amount owed/medical expenses for the

medical treament provided by the doctor). At the time of the Applicant's invention, it

would have been obvivous to one of ordinary skill in the to further modify the

method/system/computer program product of Teagarden, Walker and Papageorge with

the teaching of Sato to include code that provides billing information along with

diagnosis, treatment recommendation, or the combination thereof , the billing data

comprises information for an amount of money owed to the healthcare provider for

providing the diagnosis, the treatment recommendation, or the combination thereof.

One would have been motivated to include this feature to ensure that the provider is

properly compensated and to reduce or eliminate waiting times ususallly associated

with providing medical care (Sato: col. 3, lines 27-30)

Response to Arguments

8.   Applicant's arguments filed 2/24/10 have been fully considered but they are not

persuasive.

The applicant appears to argue newly added features of the claim and the new

claims. A new reference, and additional citations and explanations have been provided

in prior art rejection to address applicant's arguments and the new combination of

features.

Conclusion

9.   The prior art made of record and not relied upon is considered pertinent to

applicant's disclosure. DiRienzo (US 6006191).

10.   Applicant's amendment necessitated the new ground(s) of rejection presented in

this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP

§ 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37

CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE

MONTHS from the mailing date of this action. In the event a first reply is filed within

TWO MONTHS of the mailing date of this final action and the advisory action is not

mailed until after the end of the THREE-MONTH shortened statutory period, then the

shortened statutory period will expire on the date the advisory action is mailed, and any

extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of

the advisory action. In no event, however, will the statutory period for reply expire later

than SIX MONTHS from the date of this final action.

Any inquiry concerning this communication or earlier communications from the

examiner should be directed to RACHEL L. PORTER whose telephone number is

(571)272-6775. The examiner can normally be reached on M-F, 10-6:30.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's

supervisor, Jerry O'Connor can be reached on (571) 272-6787. The fax phone number

for the organization where this application or proceeding is assigned is 571-273-8300.

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USPTO Customer Service Representative or access to the automated information

system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

/R. L. P./
Examiner, Art Unit 3626

/Robert Morgan/
Primary Examiner, Art Unit 3626